

State of Hawaii
Department of Human Services
Social Services Division

Addendum No. 3

March 18, 2016

to

Request for Proposals (RFP)

SSD-16-POS-3010

FAMILY SUPPORT SERVICES

STATEWIDE

RFP Posting Date: February 25, 2016

REVISED

RFP Proposal Submission Deadline:

April 4, 2016, 4:30 p.m.

Hawaii Standard Time

ADDENDUM NO. 1

March 18, 2016

to

REQUEST FOR PROPOSALS (RFP)

SSD-16-POS-3010

FAMILY SUPPORT SERVICES

The Department of Human Services (DHS), Social Services Division, Child Welfare Services Branch is issuing this Addendum to add additional information and correct/revise the RFP as detailed below.

If you have any questions please contact:

Kenwyn Kaahaaina, POS Specialist

(808) 586-5706

kkaahaaina@dhs.hawaii.gov

RFP Written Questions and Responses

1. Proposal Submission Information Sheet (Page 2)

- a. Question: Please clarify if the State will allow RFP submissions to be postmarked by 4:30 p.m. on 3/28/16. The RFP indicates on page 3 that “Any private mail carrier or USPS proposal submissions with a date stamp of March 25, 2016, 4:30 p.m. but received after March 25, 2016, 4:30 p.m. shall not be accepted.” This makes it impossible to mail the proposal by 4:30 p.m. on the due date as it can’t make it via mail in the same day. We understand the deadline has changed to the 28th, but if we mail it on the 28th and it is not received on the 28th (as indicated in the language above), is it disqualified?

Response: All proposal applications must be received by 4:30 p.m. on the **revised Proposal Submission Deadline of April 4, 2016.**

- b. Question: Will Applicants be penalized if the electronic copy of the Application is not submitted prior to the submission deadline as highly encouraged (RFP, page 3, Please be Advised, Item 3), which, in effect, makes the due date earlier than the revised date of March 28, 2016, 4:30 p.m.

Response: The electronic copy of the Application sent to the POS mailbox may be sent on the **revised Proposal Submission Deadline of April 4, 2016.**

However, the DHS recommends that the Applicant not wait until just before 4:30 on that date to email the Application. This is to allow the DHS the time to make sure the electronic copy is accessible, to notify the Applicant, and to allow the Applicant the time to fix any possible problems with the electronic submission.

2. Section 2.1, D. (Page 2-2)

- a. Question: With the Addendum (#1), the amounts allocated for each county were changed. Does this change the # of families we are expected to serve?

Response: Please see revisions in the Addendum.

- b. Question: East Hawaii & Kauai are expected to serve the same number of families; however the amounts allocated are not the same. The program covers the entire island of Kauai, which does not have a good transportation system, so our staff are driving to homes throughout the entire island. At times, the distance covered can reach up to anywhere from 2 ½ to 3 hours (one way) depending on the cases that come in and families' schedule.

Response: Please see revisions in the Addendum.

Referrals, contract performance, and budgets will be reviewed periodically and as needed to meet capacity/family needs.

3. Section 2.4, A. (Page 2-7)

Question: Paragraph 5 states that services are to be provided for up to six months. What is the start date of the six-month period, the referral date, the date that the service provider has its first face-to-face meeting with the family and they accept services, or the date the client is assigned by DHS? Although we do everything possible to meet the client within the shortest time frame, there are times when that is not possible and it seems rigid to penalize them by lessening the length of the family's service time.

Response: The service shall be provide for up to 6 months from the referral date. Extensions may be made on a case-by-case basis with approval by the DHS.

4. Section 2.4, B., 1., b. (Page 2-8)

Question: The RFP states that Providers are to use the Comprehensive Strengths and Risk Assessment (CSRA) or another tool that the DHS-CWS specifies. VCM and CWS use the CSRA form and it is questionable how FSS would use it since the tool is specifically for families where there is a higher risk of child abuse and neglect. Once the family is referred from CWI to FSS, there has already been a

determination that the family is of lower risk. Will the DHS name the assessment tool that should be used or will this be discussed after the award of the RFP?

Response: The Comprehensive Strengths and Risk Assessment completed by FSS will provide more understanding of the family in addition to the information gathered by CWI. The identified strengths and risk issues should be used for case planning as well as current risk level.

5. Section 2.4, C., 3., f. (Pages 2-12 to 2-13)

Question: Since you are asking that the service provider *receive* written DHS waivers *before* we can hire a staff person who may not meet the MQs, is it possible that the DHS can provide a timeline for when the service provider might expect a response from the DHS. Once the hiring process, which takes a few days, is completed, it is very important that we notify the applicant that they have been selected as soon as possible. If there is a delay of more time because of the need to have a waiver in place, we could very well lose the candidate due to the highly competitive job environment we face on all the islands. It is important to establish a timeline so that the service provider's hiring process is not impeded unnecessarily.

Response: The DHS is aware of this situation that Providers face when hiring staff. The waiver procedures outlined in the RFP are meant to help alleviate some of the time the Provider may have spent waiting for the DHS' response in the past. If all of the required information is provided initially, the DHS is better able to make a more informed, timely decision.

6. Section 2.4, C., 4 (Page 2-16)

Question: The RFI page 16 stated that "contract funds may be allowed for use for training costs as they relate to service provision." We could not locate a similar section in the RFP Training section (pg. 2-14) although the RFP was prescriptive about what training was to cover. If there is a need for mandatory training once or twice a year for Mandatory Staff New Hire Orientation or for the Cultural Competence Training annually, can this be part of the budget for the Neighbor Islands (i.e., not Oahu) as it is not realistic to provide all training on the island of Maui?

Response: Providers in all geographic areas are allowed to budget contract funds for training to enhance service provision to families involved with FSS. If training involves travel to another island, the Provider will need to contact POS/PD for approval to revise their budget to include travel costs.

7. Section 2, Performance Measurement Forms A, B, and C

- a. Question: Would the DHS consider having the awarded service provider report by the number of households served? We feel it would provide the DHS with a better understanding of the volume of work involved in providing FSS services. The reason being many of the families we currently serve are in two separate households, as the parents are separated due to TROs, divorce, etc. This requires two separate IPPs and assessments.

Response: Referrals describe reports/intakes that are assigned to FSS by Child Welfare Services (Intake or Assessment) or Voluntary Case Management (VCM). Most referrals will be from Child Welfare Services Intake. These reports/intake will have one or more families involved.

The DHS understands that more families may be served than individual reports/intakes.

Prior to or during contract implementation, the DHS may develop other measurements to document the number of individual families, adults, and children served for each service activity.

- b. Question: Please clarify the kinds of numbers that should be inputted into the two columns of Forms A, B, and C. When not indicated in the template, should numbers for the Annual Goal represent the Applicant's proposed numbers? Are the numbers for the "FY 17" column the actual numbers resulting from services rendered by the awarded service provider? Or are these figures also proposed numbers and, if so, how do they differ from the "Annual Goal" column?

Response: Please see the revised Forms A, B, and C and responses to questions related to the forms. These are the DHS' annual estimates. The Provider shall submit a proposal to serve the estimated referral numbers to be served in each geographic location as described in Section 2.

Referrals, contract performance, and budgets will be reviewed periodically and as needed to meet capacity/family needs.

- c. Question: Form A: What's the difference between the number of referrals and number of families (#1 and #3)? Form A #1 is requesting the "**number of referrals** for FSS" and refers to Section 2.1, D., Section 2 of this RFP, however when you go to section 2.1, D., Section 2 it is referring to "estimated **number of families**". Please clarify.

Response: Referrals describe reports/intakes that are assigned to FSS by Child Welfare Services (Intake or Assessment) or Voluntary Case

Management (VCM). Most referrals will be from Child Welfare Services Intake. These reports/intake will have one or more families involved.

The DHS understands that more families may be served than individual reports/intakes.

Prior to or during contract implementation, the DHS may develop other measurements to document number of individual families, adults, and children served for each services activity.

- d. Question: Form B #6: The annual goal is 100% of #2, however, should it be of #2 & #3 to take into account all of those families that received a face to face meeting regardless if it was done before or after 5 working days? Also a goal of 100% is not a realistic goal. There are families who agree to have an initial meeting with you to hear about services, however, once you have met face to face, they decide they do not want services and ask to end the meeting (and therefore you can't do a Child Safety Assessment on the family). It would seem like it should match #7 because if they agree to services, then we can do a Child Safety Assessment. Thus this goal should read 50% of #2 & #3.

Response: This has been revised to "100% of (#2 and #3)".

Every effort to complete a Child Safety Assessment should be completed following the initial face to face meeting based on the information available for the family. A subsequent Child Safety Assessment may be completed when more information is gathered.

- e. Question: Form B # 7: Should this be 50% of #2 and #3 to take into account all of those families that received a face to face meeting regardless if it was done before or after 5 working days?

Response: This has been revised to "50% of (#2 and #3)". If 100 referrals are made and 50 receive a face to face meeting within 5 working days and 20 receive a face to face meeting after 5 working days, it is estimated that 35 (50% of 70) will agree to participate further in Family Strengthening Services.

- f. Question: Form B #8: Should this be of #2 and #3 to take into account all of those families that received a face to face meeting regardless if it was done before or after 5 working days? Also, if you keep it to 50% of #2 (and now #3), this translates to 100% of families that agreed to services will have a comprehensive assessment within 30 working days (since it's the same as #7). This is an unrealistic goal because it doesn't take into account retention for those families that agreed to services that drop out from the initial face to face meeting for reasons such as families changing their minds, families who we are no longer able to reach because they moved/their contact information has

changed without our knowledge, and families who can't meet right away because of their schedule (illness/work/out of town, etc.). A more realistic goal would be 40-45% of #2 & #3.

Response: This has been revised to "45% of (#2 and #3)". If 100 referrals are made and 50 receive a face to face meeting within 5 working days and 20 receive a face to face meeting after 5 working days, it is estimated that approximately 32 (45% of 70) will receive a Comprehensive Assessment within 30 days of the initial completed face-to-face meeting.

- g. Question: Form B #9: Similar comment to #8. Should this be of #2 and #3 to take into account all of those families that received a face to face meeting regardless if it was done before or after 5 working days? Also, if you keep it to 50% of #2 (and now #3), this translates to 100% of families that agreed to services will have an Individualized Program Plan (IPP) within 30 working days (since it's the same as #7). This is an unrealistic goal because it doesn't take into account retention for those families that agreed to services that drop out from the initial face to face meeting for reasons such as families changing their minds, families who we are no longer able to reach because they moved/their contact information has changed without our knowledge, families who can't meet right away because of their schedule (illness/work/out of town, etc.), and families that have had all needs met before the IPP is required. A more realistic goal would be 35-40% of #2 & #3.

Response: This has been revised to "40% of (#2 and # 3)". If 100 referrals are made and 50 receive a face to face meeting within 5 working days and 20 receive a face to face meeting after 5 working days, it is estimated that approximately 28 (40% of 70) will have developed an IPP within 30 days of the initial completed face-to-face meeting.

- h. Question: Form B #10: Similar comment to #8 & #9. Should this be of #2 and #3 to take into account all of those families that received a face to face meeting regardless if it was done before or after 5 working days? Also, if you keep it to 50% of #2 (and now #3), this translates to 100% of families that agreed to services will have a monthly face to face meeting (since it's the same as #7). This is an unrealistic goal because it doesn't take into account retention, those families that agreed to services that drop out from the initial face to face meeting for reasons such as families changing their minds, families who we are no longer able to reach because they moved/their contact information has changed without our knowledge, families who can't meet right away because of their schedule (illness/work/out of town, etc.), etc. A more realistic goal would be 40-45% of #2 & #3.

Response: This has been revised to "40% of (#2 and # 3)". If 100 referrals are made and 50 receive a face to face meeting within 5 working days and 20 receive a face to face meeting after 5 working days, it is estimated that

approximately 28 (40% of 70) will receive monthly face to face meetings for the duration of service provision.

- i. Question: Form B #11: Should this be 50% of #9 because an IPP has now been developed to guide service delivery?

Response: This has been revised to “50% of #9”. If 100 referrals are made and 28 develop an IPP, it is estimated that approximately 14 (50% of 28) will receive individual skill building services from the FSS contract.

- j. Question: Form B #11: What constitutes a skill building activity within the scope of FSS program goals?

Response: Please see the service description “Individual and Group Skill Building” in Section 2.4, B., 1., d.. A skill building activity should be related to a goal in the IPP.

- k. Question: Form B #12: Similar comment to #11. Should this be 25% of #9 because an IPP has now developed to guide service delivery?

Response: This has been revised to “25% of #9”. If 100 referrals are made and 28 develop an IPP, it is estimated that approximately 7 (25% of 28) will receive group skill building services from the Provider.

- l. Question: Form B #13: Shouldn't this be 100% of #9 rather than #2 (not sure why we would do a follow up in 30 days for someone who only completed the initial face to face meeting and received no further services). Many times families decline services during the initial face to face meeting.

Response: This has been revised to “100% of (#2, #3, and #4)”. The purpose of follow up is to check if the family has identified any additional needs or questions 30 days after case closure, including those who initially decline. The 100% goal is to measure the effort to contact. We understand that not all families will be actually contacted for various reasons.

- m. Question: Form B #13: This outcome does not seem realistic because it doesn't take into account retention. There are families who have received some type of service and are doing well but we are no longer able to reach them because they moved/their contact information has changed without our knowledge. Therefore there is no conceivable way to do a follow up. There are also families who are adamant about not contacting them once services are completed which we would respect because services are voluntary. 90% is a more realistic goal.

Response: The 100% goal is to measure the effort to contact. We understand that not all families will be actually contacted for various reasons. Providers

may document reasons contact was not attempted or made in reports to the DHS.

- n. Question: Form B #14: Shouldn't this percentage be based on #9? Also 80% seems really high, as a lot of families do not want follow up after service completion.

Response: This has been revised to "80% of (#2, #3, and #4)". The 80% goal is to measure the actual follow-up contact. The DHS understands that not all families will be actually contacted for various reasons. Providers may document reasons contact was not attempted or made in reports to the DHS.

- o. Question: Form B #14: Shouldn't this be of #13? Similar comment to #13. This does not seem realistic because it doesn't take into account those families whose contact information is no longer correct (moved/phone has shut off, etc.), a family who doesn't call you back after numerous attempts, etc. Suggestion on a realistic outcome is 70% of #13.

Response: This has been revised to 80% of #13. The DHS understands that not all will be actually contacted for various reasons. Providers may document reasons contact was not attempted or made in reports to the DHS.

- p. Question: Form C on Outcomes – It seems the numbers for this Form should be based on the number of families who accept services and not on the number of families who are referred, as the current form seems to suggest. In addition, Items 1 and 3 appear to contradict each other: Item 1 states the goal of 100% of families who do not generate any substantiated report of harm/threatened harm while participating in FSS, while Item 3 states the goal of the number of families being returned to CWS as less than 5%. Please clarify the difference between these two items.

Response: Please see revised Forms A, B, and C and responses to questions related to the forms.

- q. Question: Form C #1: This doesn't correlate with #3 (5% of referrals will be returned for safety issues) and is not a realistic goal. There has been an increasing number of cases that have generated substantial report of harm/threatened harm before services have started and/or before 1 month of services. Suggest having 95% to correlate with #3 outcome.

Response: This outcome has been revised to "Less than 95%". This outcome measures actual *substantiated (confirmed)* reports after a return from FSS. It does not exactly correlate to #3. The DHS understands some referrals may be returned to CWS prior to initial contact by the Provider.

- r. Question: Form C #3 seems to contradict #1. #1 says that the goal is that 100% of families referred (is this the referral number of 150 or the actual families served which is estimated at 210?) do not generate a report of harm while participating in FSS. #3 says that less than 5% of referrals will be returned to CWS for safety issues. If we return a single referral then we are not meeting the outcome for #1.

Response: Referral returns are not necessarily substantiated (confirmed).

- s. Question: Form C #4: The outcome is that 95% of clients will express satisfaction with the program. Where is the 95% being drawn from? For example, it doesn't make sense to give a satisfaction survey to clients that have only participated in the initial visit. Often times in the initial visit clients end up declining services. It makes sense to survey clients who have collaborated to develop their IPP and have made progress/completed services.

Response: This has been revised to "95% of (#2, #3, and #4) that respond to the survey". All families who receive any contact should be surveyed to give feedback on the contact and any resources or services that were offered/provided.

- t. Question: Form C #4: Please clarify who consumer satisfaction surveys are being sent to. Should it be all those referred to services where contact is possible, those that have agreed to services, or those that have agreed to services and have successfully completed services?

Response: This has been revised to "95% of (#2, #3, and #4) that respond to the survey". All families who receive any contact should be surveyed to give feedback on the contact and any resources or services that were offered/provided.

9. Section 3.3, A., 1. (Page 3-3)

Question: Under Proposed staffing, end of first paragraph: Does the State intend to receive a listing of the program, management, and fiscal positions that are **directly allocated** to the contract?

Response: Yes, as well as the position descriptions for all of those job positions.

10. Section 3.4 (Page 3-5)

Question: Can the Work Plan be created in 11 point font to reduce the number of pages? Our current Work Plan spans 46 pages.

Question: Will the DHS be providing a sample Work Plan as indicated, or can the Applicant create their own Work Plan?

- r. Question: Form C #3 seems to contradict #1. #1 says that the goal is that 100% of families referred (is this the referral number of 150 or the actual families served which is estimated at 210?) do not generate a report of harm while participating in FSS. #3 says that less than 5% of referrals will be returned to CWS for safety issues. If we return a single referral then we are not meeting the outcome for #1.

Response: Referral returns are not necessarily substantiated (confirmed).

- s. Question: Form C #4: The outcome is that 95% of clients will express satisfaction with the program. Where is the 95% being drawn from? For example, it doesn't make sense to give a satisfaction survey to clients that have only participated in the initial visit. Often times in the initial visit clients end up declining services. It makes sense to survey clients who have collaborated to develop their IPP and have made progress/completed services.

Response: This has been revised to "95% of (#2, #3, and #4) that respond to the survey". All families who receive any contact should be surveyed to give feedback on the contact and any resources or services that were offered/provided.

- t. Question: Form C #4: Please clarify who consumer satisfaction surveys are being sent to. Should it be all those referred to services where contact is possible, those that have agreed to services, or those that have agreed to services and have successfully completed services?

Response: This has been revised to "95% of (#2, #3, and #4) that respond to the survey". All families who receive any contact should be surveyed to give feedback on the contact and any resources or services that were offered/provided.

9. Section 3.3, A., 1. (Page 3-3)

Question: Under Proposed staffing, end of first paragraph: Does the State intend to receive a listing of the program, management, and fiscal positions that are **directly allocated** to the contract?

Response: Yes, as well as the position descriptions for all of those job positions.

10. Section 3.4 (Page 3-5)

- a. Question: Can the Work Plan be created in 11 point font to reduce the number of pages? Our current Work Plan spans 46 pages.
- b. Question: Will the DHS be providing a sample Work Plan as indicated, or can the Applicant create their own Work Plan?

Response: No Work Plan will be required for this RFP (see Addendum #2). The Applicant shall provide all required information in the Narrative. However, the Applicant may create their own Work Plan format and submit it as part of their proposal as long as all of the required information is contained in the Work Plan.

RFP Corrections, Revisions, and Comments

1. **The RFP Proposal Submission Deadline (see the Addendum #3 Cover Sheet) was revised again to a new date of April 4, 2016, 4:30 p.m. Hawaii Standard Time.**

2. **Section 2.1, D., 3. (Page 2-2)**

The estimated number of families to be served for Kauai was revised from 150 to 130.

3. **Section 2.3, A., 3. (Page 2-4)**

The following language was added to this section. The current 3., 4., 5., and 6. were re-numbered to 4., 5., 6., and 7.:

3. The Provider may be required to become involved in Family Court activities if a member of the Provider's staff receives a subpoena or a court order from the Court to attend a Court hearing and/or provide information to the Court. Subpoenaed and court-ordered staff are required to attend the Court hearing and/or provide the requested information. Subpoenaed and court-ordered staff shall cooperate with the DHS and the Department of the Attorney General (DAG) regarding the Court hearing and/or the provision of the requested information, including assisting the DAG in preparation for their appearance at the Court hearing.
 - a. Court involvement may include, but is not limited to, providing testimony in Court, attending Court hearings, and submission of reports to the Court. Court hearings may pertain, but are not limited, to those involving Temporary Restraining Orders (TROs), Juvenile Court, and paternity, child custody, and divorce matters.
 - b. Subpoenaed and court-ordered staff may be required to testify as a qualified child abuse and neglect expert in their respective area of service provision.
 - c. Testimony shall be based on the observations and assessments made during the staff's service provision.
 - d. The DHS may require the use of a specified format on which to provide requested information to the Court and/or identify specific information that shall be included in reports to the Court. Provision of

requested information to the Court may include providing staff resumes, if requested.

- e. Non-subpoenaed or court-ordered staff may accompany a family to Court to provide support if requested by the family. Non-subpoenaed or court-ordered staff may be allowed to be present in the courtroom if deemed appropriate by the Court.

4. Section 2.4, A. (Page 2-7)

Service extension requests shall be submitted to the POS Specialist.

5. Section 2.4, B., 1., g. (Page 2-11)

The closing summary information remains the same. Information shall be reported to the CWS Intake or Assessment Worker, as appropriate. Information shall not be submitted to the VCM worker.

6. Section 2.4, C., 7., a., 1) (Page 2-15)

The following sentence was added to the end of the paragraph:

The CEL and QAR forms and the information required to be provided on those forms may be revised during the contract period.

7. Section 2, Performance Measurement Forms A, B, and C (3rd set of revisions)

The following language was added/revised/deleted:

Form A, #2., a.: "Other types of court involvement" was added.

Form B, #6.: The percentage was revised from 100% to 85%.

Form C, #1.: This outcome was deleted.

8. Section 3.4, C. (Page 3-6)

The first paragraph was replaced with the following paragraph:

In addition to the Outcomes specified in Performance Measurement Form C in Section 2 of this RFP, the Applicant shall described five (5) additional outcomes to assess program performance and success as well as the methods used to achieve and measure each outcome. The Applicant shall submit the proposed numbers and percentages for the specified outcomes.

9. Section 4.3, B., 4., c. (Page 4-6)

The first paragraph was replaced with the following paragraph:

In addition to the Outcomes specified in Performance Measurement Form C in Section 2 of this RFP, the Applicant has described five (5) additional outcomes to assess program performance and success as well as the methods used to achieve and measure each outcome. The Applicant has submitted the proposed numbers and percentages for the specified outcomes.